MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16928

#### CERTIFICATE OF DEATH

16921

	40740				UUUL			
	PLACE OF DEATH	MIN 27 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 12		Where deceased lived, if institution: Resi	dence before admission)			
	a. COUNTY CIALVERT	MARYLAND	o. STATE	b. COUNTY	ne ALUNDAL			
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		tside corparate limits, write RURAL and	give nearest town)			
	write RURAL and give neorest tawn)	3 years	56	Ady Side	02.2			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS		e. IS RESIDENCE			
	CALVERT NUKS	. //			YES NO NO			
	NAME OF First	Middle	Lost	4. DATE Month	Day Year			
	(Type or print)	K. AT	2011	DEATH Diec.	11 1966			
S.	h- 1	MARRIED NEVER MARRIED E	3. DATE OF BIRTH	last birthday) Month	s Doys Hours Min.			
100	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR			CITIZEN OF WHAT			
	ing most af wakking life, even if retired)	INDUSTRY	Baltin		COUNTRY?			
13	FATHER'S NAME		14. MOTHER'S MAIDEN I		03()			
10.	THOMAS E	ATWELL	SALL	1 -1 11.	olie			
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	,			
(Ye	s, no, or unknown) (If yes give war or dates of serv	215-56-7667 66	4504 SIMM	ous Chardton	chal.			
	18. CAUSE OF DEATH (Enter only one cause per	r line far (a), (b), and (c))	2	0	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coule July	naus 21	tema	ONSET AND DEATH			
	Add 1 DUE TO							
	Conditions, if ony, which gave ) (b)	Cat. Sclerohe	Cel	desease	3+4las			
	rise to immediate cause (o), Stating the underlying cause							
	lost. (c)	THE RESERVE OF THE PARTY OF THE						
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (	Enter nature af injury in	Port I or Port II of item 18.)	4			
MEDICAL	20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm	n, 20f. (City or tawn)	(Caunty) (State)			
MED	Haur a.m. p.m. 19	While Not While at wark I factor	ary, street, office bldg., etc.)					
	21. I certify that (I) (this haspital		6-15	963 to 12-11	966 that (I) (we) last			
4	saw the deceased alive an	1966, and that	death accurred at	3259M, fram causes and or	the date stated above.			
	220. SIGNATURE	7	ATTENDING		DATE SIGNED			
	180110120	M.D.	D. PHYS.	MED. DIRECTOR PHYS.	2/11/66			
Н	22c. PHYSICIAN'S		22d. ADDRESS	7				
	NAME (Type) PAGE (V.	VE11	1/70/	NCE FREDE	CA PCR			
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR (	CREMATORY	23d, LOCATION (City or Town)	(County), (State)			
1	REMOVAL (Specify) 12-13.	66 Woodfie	0/0	hidlesully	HH Coch.			
24	. FUNERAL DIRECTOR	ADDRESS //	In A 25a. REC'I	BY REGISTRAR 2Sb. REGISTRAR	'S SIGNATURE			
X	fordesty Funeral th	ome Galesuille,	Med DATE DI	EC 2 2 1986 Peru	arley Judge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Dept. at Health priar ta burial, cremation, or remayal, and in any eyent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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VR A15ME (5)

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16924	MEDI	CAL EXAMINER'S	CERTIFICATE O	F DEATH	16922	
o. COUNTY Colvert		MARYLAND	2. USUAL RESIDENCE (V o. STATE	there deceased lived, it ristitutes b. COUNTY	on Residence before odmissio	on)
b. CITY OR TOWN (If of side corporal	limits, n)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporote Amits, write RUI	(AL and give nearest town)	-/
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, gi	ve street oddress)	d. STREET ADDRESS		e. IS RESID ON A FA YES	
3. NAME OF DECEASED (Type or print)	First AM	Rayner	dean	4. DATE Mont OF DEATH /	/ 19 6	00
S. SEX 8. COLOR OR RAI	WIDOWED	NEVER WARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) yrs.	Months Doys/4 Hours	Min.
10a USINAL OCCUPATION (Give Info of work during most of working the even it refired)		ID OF BUSINESS OR BUSTRY	11. BIRTHPLACE TS note	_	12. CITIZEN OF WHAT COUNTRY?	
13 FATHER STHAME	W Fre	ruhlin	14. MOTHER'S MAIDEN	2 Vean		
1S. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unknown) (If yes give wor or		OCIAL SECURITY NO. 17.	INFORMANT	Addre	955	
18. CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE	1010	a), (b), and (c).)	tory As	pear	INTERVAL BETY ONSET AND DI	
Conditions, if ony, which gove prise to immediate couse (a),	(b)	1				
stoting the underlying couse last.	(c)				,	
PART II) OTHER SIGNIFICANT CONDITION  TO EXTERNAL CAUSE WAS PRIMARY — or CONTRIBUTING — CAUSE OF DEATH	east	in had	Lare	tomelle	19. WAS AUTO PERFORME YES 1	PSY ED? NO
a chost of blatti.		CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in I	Port I or Port II of item 18.)		
20c. TIME OF INJURY Month, Day, Y	eor 20d. IN. While ot wark	Not While	ACE OF INJURY (Home, form ctary street, attice bldg., etc.)	20f. (lity or town)	Calut 10	Stote)
21. I certify that I faak of death resulted, fram: N	harge af the rem	/	eld an Autapsy, icide, Hamicide	Inspection, Inqu		apinia
ACTUAL SIGNATURE	land	, Accident [], 50	CHIEF MEDICAL M.D. ASSISTANT MEDI	EXAMINER	22/ DATE-:	SIGNED
EXAMINER'S NAME (Type)	(		DEPUTY MEDICA Address (Street,	city, town, or(county)	12/1/60	
	TE THEREOF - 3-66	23c. NAME OF CEMETERY OF	CREMATORY C.C.M.	Dunkerk-	4-	tote)
24. FUNERAL DIRECTOR	l. Q'	ADDRESS			GISTRAR'S SIGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death death. 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Pages after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Page hours North Beach Prince Frederick DOA filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS Calvert County Hospital completely executed within rbon 3. NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) DEATH n and compre e remove ca DOROTHY CECELTA. MCFADDEN Dec AGE (In years | IF UNOER I YEAR | IF UNOER 24 HRS. 6. COLOR OR RACE | 7. MARRIEO X NEVER MARRIEO OATE OF BIRTH 9. last birthday) Months | WIDOWEO . OIVORCED [ Jan. 19,1905 61 Female white 11. BIRTHPLACE (County & State, or foreign country) physician and physician and including 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR during most of working life, even if retired) INOUSTRY Domestic Washington, D. C. certificate FATHER'S NAME TO 14. MOTHER'S MAJOEN NAME remova been signed by the attending the burial-transit permit. Then or to burial, cremation, or remov Mary E. Barry John F. Ryder 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) | (If yes give war or dates of service) Edward F. McFadden, Box 126, North Beach, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] the hospital or attending physician. by PART I. OEATH WAS CAUSED BY: 28-warew IMMEDIATE CAUSE (a) **OUE TO** Marien -Conditions, if any, which (b) gave rise to immediate **OUE TO** (a), stating prior Dead o underlying cause last. (c) certificate has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health Page 4 may be retained by ..... certifics of the control of the co 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1100.11 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at S.A.M, from the causes and on the date stated above. saw the deceased alive on Nov-22a. SIGNATURE director, page 3 should be filed v STAFF M.D. OIRECTOR 22d. AOORESS 22c. PHYSICIAN'S NAME (Type), Prince Frederick, Maryland Issam F. Damalouji 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10 Dec.14.1966 Arlington Arlington National Cem REC'O BY REGISTRAR 25b.

VR A15 (4) 15M 4-64

REGISTRAR'S SIGNATURE 1856 Owings, Maryland

Calvert

e. IS RESIDENCE ON A FARM? NO X

Year

19 66

YES

Hours

Maryland

INTERVAL BETWEEN

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WAS AUTOPSY

PERFORMEO? NO I

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(County)

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12/11/66

Day

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. MI	1	16926	CERTIFICATE	OF DEATH	16924
Ouridi, dendinan, ordendoval, ond in dry event, within 72 mans area deam.		PLACE OF DEATH		USUAL RESIDENCE (Where deceases     o. STATE	lived, if institution: Residence before admission) b. COUNTY
5		Calvert	MARYLAND	Maryland	Cal vert
	Ь	o. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate	limits, write RURAL and give nearest town)
	16	Prince Frederick		Plum Point, I	lunting town
	0	A. NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES 🔀 NO
59		Calvert County Hospi			
		NAME OF First	Middle	Last 4. DATE OF	Month Doy Year
		DECEASED Type or print) Tranna		Parran DEATH	Dec. 16 19 66
373	S. S		ARRIED X NEVER MARRIED 8	B. DATE OF BIRTH 9.	AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   If UNDER 24 HRS.
		Female Negro W	DOWED DIVORCED	3-10-1897	69 yrs.
	100.	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fore	ign country) 12. CITIZEN OF WHAT COUNTRY?
	duri	ng mast of working life, even if retired)	INDUSTRY HSWf.	Maryland	USA
	13	FATHER'S NAME	nsw.	14. MOTHER'S MAIDEN NAME	
	, 5.	THE STREET			
	-	Lem Harrod	TAY COCIAL CECURITY NO LAT W	Nellie Gross	Address
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) ((If yes give wor ar dates of servi		Wilson Parran	Monigos
	Ľ		212-56-05/11-t	WITTSOIL PATTOIL	Huntingtown, Md.
		18. CAUSE OF DEATH (Enter anly ane cause per	r line for (g), (b), and (c).)	11	INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Thellen	mis - H	Carl UNSET AND DEATH
V		493 X DUE TO	7	b	1 = 1
		Candidana Hany which mays >	Ween	Chetral -	hommely 2 day
		rise to immediate cause (o),	400		
		stating the underlying cause	/)		
		last. ) (c)	//	DIP PROMINAL DIPPLES COMPLETED CHICA	IN PART 1(a) 19 WAS AUTOPSY
	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
0	ATIC				YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Part	II of item 18.)
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f.	(City or town) (County) (State)
	WED.	Haur o.m.	While Not While facto	ory, street, office bldg., etc.)	
	-	9.00.	at work U at work U	12/10 10	19 , that (1) (we) las
		21. I certify that (1) (this hospital	aftended the deceased from	t death accurred atM	fram causes and on the date stoted above
		saw the deceased alive on	lyss, and that	i death accurred atM	22b. DATE SIGNED
		220. SIGNATURE	11- 1	ATTENDING MED.	STAFF COL
		July	lawer ( M.	D. PHYS. L. DIRECTOR	☐ PHYS. ☐
		22c. PHYSICIAN'S		22d. ADDRESS	
1		NAME (Type) Dr. Robert	o De Villarreal	St. Leonar	d. Maryland
	230	D. BURTAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOC	ATION (City or Town) (County) (Stote)
1		REMOVAL (Specify) 12-19-66		C. Plu	m P.T. Calvert Md.
K	24	I. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGISTRA	
0.	1	1) 6 85	00 D 1 - 1 - 4	Md DATE DEC 21	1966 Icharles Judge
12		Tangmey Go Jewel	V. Tremetreed - 11	VICI DATE DE O 2 1	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

-		CERTIFICAT	Im G303 12/	15/66 mh	16095			
	PLACE OF DEATH O. COUNTY Calvert	all from wire	o. STATE	b. COUN				
T	b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)  Prince Frederick	c. LENGTH OF STAY IN 16	1	de corporate limits, write RUR				
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS	en. North H	e. IS RESIDENCE ON A FARM?			
	Calvert County Hospit			0	4.   YES NO 💂			
	NAME OF First DECEASED (Type or print) Charles	Middle Robert	Rock	OF DEATH December	er 1 1966			
	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH  Dec. 5. 1914	9. AGE (In years last birthday) 5 1 yrs.	Manths Days Hours Min.			
	ing mast of working life, even if retired)	IND OF BUSINESS OR NDUSTRY Ot. of Army	11. BIRTHPLACE (County & S New Jer		12. CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM					
1S. (Ye	Charles D. Rock WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war ar dates af service)		Gertrude INFORMANT s. Katherin	Addres	Same)			
	18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  UE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause  Last. (c)	r (a), (b), and (c).)	celieri	Tw.	INTERVAL BETWEEN ONSET AND DEATH			
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Par	t I ar Part II af item 18.)				
MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. I Haur a.m. 19 ot woi	Not While for	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)	20f. (City or tawn)	(County) (Stote)			
	21. I certify that (I) (this haspital) atter saw the deceased alive on 12/2		at death accurred at_	AM, fram causes of	, 19_000 hat (I) (we) last and an the date stated abave			
	220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED MED. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED							
	22c. PHYSICIAN'S NAME (Type) George J. Wee	ems, M. D.	22d. ADDRESS Hunti	ngtown, Mar	ryland /			
230 Sc	D. BURIAL (REMATION, 23b. DATE THEREOF, REMOVAL (Specify) Purp Fels 12/4/6	7000	a University	23d. LOCATION (City or Town	often O.C			
24	S. FUNERAL DIRECTOR	ADDRESS V	DATE DE		Strar's EIGNATURE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

F\$4.01 The day • • • . . .

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16928 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission PLACE OF DEATH b. COUNTY a COUNTY Calvert Maryland Calvert MARYLAND b. CITY OR TOWN (If autside carparate limits. c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) Prince Frederick 7 days Lusby d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Calvert County Hospital NO TO YES 3. NAME OF Middle Last 4. DATE Manth DECEASED David Levinson Rose (Type or print) DEATH S SEX B. DATE OF BIRTH JE LINDER IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED AGE (In years NEVER MARRIED last girthday) 8-19-98 WIDOWED DIVORCED White Male 10h, KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CITIZEN OF WHAT U.S.A. during most of working life, even if retired)
Optometrist-retired INDUSTRY Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Abraham Rose Ida Levinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 578-46-1864 Josephine Rose Lusby. Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: shell is Looks IMMEDIATE CAUSE (a) DUE TO is breword Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? enous NO J 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (State) factory, street, affice bldg., etc.) at wark at wark 21. I certify that (1) (this hospital) attended the deceased from November 3019 66, to Dec. 7 saw the deceased olive an Dec. 7. 1966, and that death occurred at 11:30 am, from couses and on the dote stated above. 22b. DATE SIGNED 22a. SIGNATURE 12-7-66 M.D. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Issam F. el Damalou ii. M.D. Prince Frederick, Marvland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or fown) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify). 12/9/66 National Memorial Park Cem. Falls Church. 25b. REGISTEAD'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 1866 DEC 9

requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and after within 72 physician of signed by the after burial-transit perm burial, crematian, a physician. attending p as the has been Health p this certificate by the hospital or for detached O FUNERAL DIRECTOR: After be retained should directar, page 3 shauld be filed v

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Division of STATISTICAL RESEARCH AND rmation FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 from birth cert.

		10329 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	6927					
		PLACE OF DEATH  O. COUNTY	USUAL RESIDENCE (Where decoded lived, if institution o. STATE	Residence before odmission					
	b	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY-IN 1b	c. CHY OR TOWN (If outside corporate limits, write RURAL	ond give neorest town)					
		write RURAL and give nearest town)	Lucky	041					
	0	d. NAME OF HOSPITAL OR MISTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
)			00	YES NO					
	[	NAME OF BECEASED (Type or print) Bruce First Churchs	lewart OF DEATH Month	Doy Year //					
	S. S	1 / /		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.					
	10o. durii	. USUAL OCCUPATION (Give kind of work done ing posts of working (life, even if fetired)  10b. KIND OF BUSINESS OR INDUSTRY	11. HRTHPLACE (Stote or fareign country)	12. CITIZEN OF WHAT COUNTRY?					
	13.	Manrice C Sewart	To Mother's majoen NAME						
	1S. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, IN (If yes give wor or dotes of service)	Address Address	f-					
		18. CAUSE OF DEATH (Enter only one couse per line or (4,16), ond (c).) PART I. DEATH WAS CAUSED BY:	1 62	INTERVAL BETWEEN ONSET AND DEATH					
		OMMEDIATE CAUSE (0)	m/ my	STORY AND DEATH					
		Conditions, if ony, which gove ) (h)	/ home						
		rise to immediate couse (o), stating the underlying couse							
		last. (c)							
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?					
	3 / Sul lague down								
	L CERTIFICATION	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	Enter notete of injury of Port I or Port II of item 18.)						
1	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 2De. PLACE How on American April 1997 of While of work of work	FO INJURY (Home, form, street office bldg., etc.) 2Df (effy or town)	(County) (State)					
		21. I certify that I taak charge of the remains described above, held	d an Autapsy 🔲 , Inspection 🔲 , Inquir	y 🔲, and in my apintor					
		death resulted frame Natural causes 🗍 , Accident 🔀 Suicic	de 📋, Hamicide 🔲, Undetermined man	ner					
		ACTUAL SIGNATURE TUWARD	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED					
2		EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	While					
	230.	REMOVAL (Specify)  125-25-56  23c. NAME OF CEMETERY OR CO		(County) (Stote)					
	24.	I CINCOAL DIDECTOR	250 DEC'D DV DECISTDAD 256 DEGIS	TRAR'S SIGNATURE					
		Pinkney E. Sewell Prince Frederic	CK-Maplet 29 1966 Viction	rles Judge					

VR A15ME (5) 6M 1/66

**O FUNERAL DIRECTOR:** Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health or its designated agent, prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

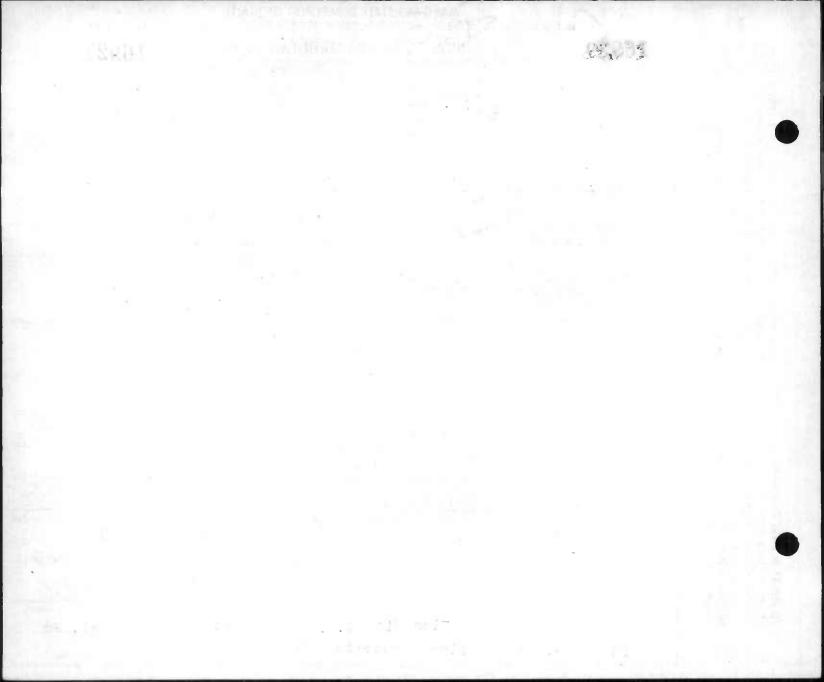
necessary, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

PM3. Page

in pencil in Item 18. Give Pages 1,

arry delay is 2, and 3 ta



## **HEALTH DEPT**

FOR STATH

PM3. Page any deloy is in pencil in Item 18. Give Poges 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

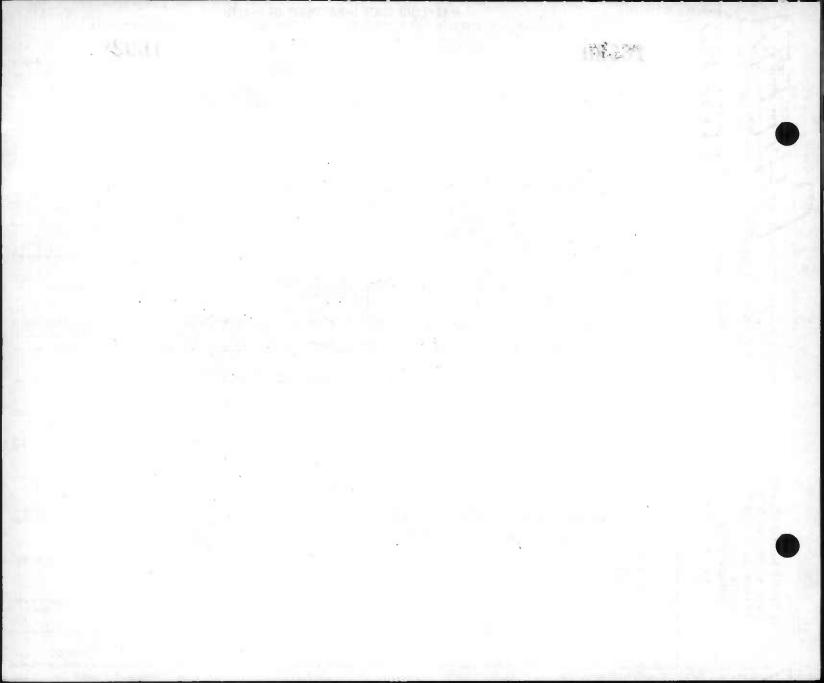
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16928 16928 16930

TH	DEPT.		1 6	1. PLACE OF DEATH // 2. USUAL RESIDENCE/(Whole deceased	lived, if institution Residence before admission)
Page	th of			o. COUNTY ( a west MARYLAND O. STATE MA	b. COUNTY a luct
3. Po	Deportment of rs after death.			b. CITY OF TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY ON TOWN (If outside corporate write RURA) one give neorest town)	limits, write RURAL and give neorest town)
PM3	portmafter			d. NAME OF HOSPITATOR INSTITUTION (If not in hospitol, give street oddress)  d. STREET ADDRESS	l e. IS RESIDENCE
form	ote Der hours	00		d. NAME OF NOSPHINE OR INSTITUTION (IT not in nospitol, give street oddress)	ON A FARM? YES NO
with f	Stote 2 hou	7		3. NAME OF First Middle 4. DATE	Month Doy Year
W 6	素差	¥		(Type or print) Carles Conse Sence Sence DEATH	12 24 108
should be forwarded to the Chief Medical Exominer's Office along	with th		SJ S	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE-OF BIRTH 9. 1	AGE (In yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS.   In yes   Months   Doys   Hours   Min.   If yes   Min.   Min.   If under 1 YEAR   IF UNDER 24 HRS.   If under 2 HRS.   If under 2 HRS.   If under 3 HRS.   If under 2 HRS.   If under 3 HRS.   If under 3 HRS.   If under 3 HRS.   If under 4 HRS.   If
ffice	and 2 event			100. USUALOCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign cour	try) 12. CITIZEN OF WHAT
O S.	_	Н	duri	during magical working the ever if retired INDUSTRY	COUNTRY?
mine	2 ⊆		13.	13. FATHER'S NAME ( Slewart & Helm ()	1 as
Exo	File and		15	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
dica	permit.		(Ye	(Yes, no, or unknown) (If yes give wor or dotes of service)  Maurie A	lented &
f Me	ansit permit or removal			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	NTERVAL BETWEEN ONSET AND DEATH
Chie		V		9/6. S IMMEDIATE CAUSE (o) Just TO DUE TO	& maye
the	o buriol-tr cremotion,			Conditions, if ony, which gove ) (b) To rule / write of	
10	o bu			rise to immediate couse (o), stoting the underlying couse DUE TO	
rdec	00			last. (c)	
forwo	used os buriol,	0	TION	PART II. OTHER AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES NO
pe	d be or to		CERTIFICATION	20b. DESCRIBE HOW INTURY OCCURRED. (Enter noting of injury in Port I or Part I PRIMARY DAG CONTRIBUTING	
pluo	should t, prior				2122
4 sh	ge 3 st	sel	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE of INJURY (Home, form, While Not White of work of work of work of work of work)	County) (County) (Stote)
Page	ted t	7		21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection	Inquiry , and in my opinion
tor.	CTO				etermined manner
direc	JRE			ACTUAL CHIEF MEDICAL EXAMINER [	22 DATE SIGNED
rol	AL I	2		SIGNATURE	V 12/24/6
the funeral director	F IN	4		NAME (Type) Address (Street, city, town, or	Kounty) (47/
the	TO FUNERAL DIRECTOR: Page 3 Health or its designated ogen		230	DCMOV/AL/Courts	TION (City or Town) (County) (Stote)
	6	P	24	24. FUNERAL DIRECTOR  ADDRESS  259 REGISTRAL	25b. REGISTRAR'S SIGNATURE
VR A	15ME (5) N 1/66	71		Penkucy E, Society, Paince Frederick, Wef DATE 29 19	66 Pelianles Juage



### FOR STATE HEALTH DEPT.

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. File pages land, with the State Department of the Fire to hurial cremation, or removal, and in any event within 72 hours ofter death. Health or its designoted agent, prior to burial, cremation, or removal, and in any event

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Maderial or the farmarded to the farmarded to the Chief Maderial or the farmarded to the farmar

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

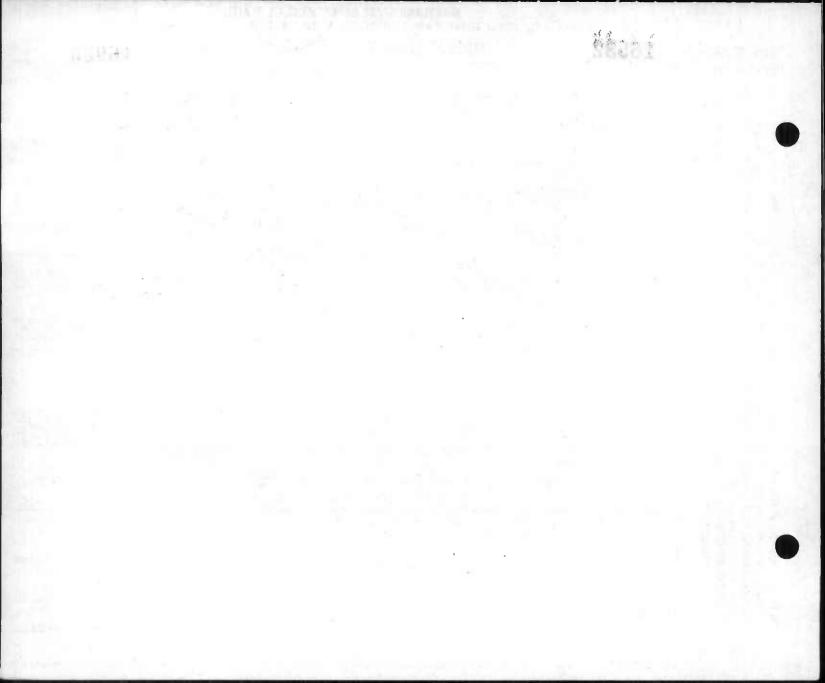
		16931 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH 1692	90					
	1.	PLACE OF DEATH  a. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE b. COUNTY	before admission)					
		b. CHY OR TOWN (If autolia carporate limits, write RUBAL and give hearest tawn)  c. LENGTH OF STAY IN 1b	c. CHY OR TOWN (If autoridae corporate limits, write RURAL and give	nearest tawn)					
0		d. NAME OF HOSPITAL OR MSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO					
		NAME OF DECEASED (Type or print) Felew Ester Middle	Lest 4. DATE Month OF DEATH /2 2	Doy Year					
		SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. WIDOWED   DIVORCED	ept 29 1944 22 415.	Days Haurs Min.					
	duri	a. USUAL OCCUPATION (Give kind of work dane ing may of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	aluan cour	ZEN OF WHAT NTRY?					
		FATHER'S MAINE CLOSE	14 MOTHER MAIDEN WAME CLASS						
	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?  as, no, or unknawn) (If yes give war ar dates af service)  16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address						
		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Speaken	ONSET AND DEATH					
1		Canditions, if ony, which gave rise to immediate cause (a),	would down re						
		stating the underlying cause   DUE TO (c) (c)		LIO WAS AUTORSY					
)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE		19. WAS AUTOPSY PERFORMED? YES NO					
		CAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)						
1	MEDICAL	630 p.m. /2/24 1966 While at wark at wark	of INJURY (Hamé, farm, Street, office bldg., etc.)	West ligo					
		21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection Inquiry, and in my apinion death resulted frame. Natural causes, Accident, Suicide, Hamicide, Undetermined manner							
-		ACTUAL SIGNATURE Ward	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED					
1		EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER Address (Street, city, town, ar county)	24/68					
		D. Byrial, CREMATION, REMOVAL (Specify)  23b. Date Thereof 12–26–66  Zion Hill C	.C. Lusby	(State) Md.					
		Pinkney E.Sewell Prince Frederick-	-Md. Safe C 2 9 1968 Clanda						
	L	THEN P. DEMOTT LITHOUT LIGHTING	-Ma. 1866 29 1966 Mcliantes	Vice Co					

1(M) Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

OR S	TATE			CERTIFICATE OF DEATH	8930
ALTH Base	DEP	1.	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residue). STATE b. COUNTY	dence before odmission)
, 2, ond 3 n PM3. Pa	Deportment of rs after death.		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside griporate limits, write ROBAL and of	give nearest town)
es 1, 2, form	ote Depo	0	d. NAME OF HOSPITAL OR MISTITUTION (If not in hospital, give street address)	d. SPREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
Item 18. Give Pages 1, Office along with form	250	3.	NAME OF DECEASED (Type or print) A Carried of	Lost 4. DATE Month OF DEATH  Month	2 Doy Year
18. Gi	n within		WIDOWED DIVORCED	May 13, 1966 last tradoy) Months	
in Item 1 r's Office	ges land? any even	du	o. USUNCOCCUPATION (Give kind of work done ring place) of working life (even if retire) 10b. KIND OF BUSINESS OR INDUSTRY	fued o	COUNTRY?
in pencil in I Exominer's (	File poges and in any	13	Manino Stewart	14. MOTHER'S MAJDEN NAME	
ng" in dical E		19 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. no, or unknown) (If yes give wor or dates of service)	Laure Secure	
the word "pending" i		/	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	chilalin	INTERVAL BETWEEN ONSET AND DEATH
word the C	o burial-tronsit cremation, or re		Conditions, if ony, which gove rise to immediate couse (o),	ming	
writing the	as o II, cre		stoting the underlying couse (c)	<i>A</i>	
te, writer	be used as to burial,	CATION	PART II. OTHER AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
certificate, writing tould be farwarded	ould I	L CERTIFICATION	PRIMARXITY OF CONTRIBUTING   Altre	(Enter nature of injury in Part I or Port II of item 18.)	
e S	- m -	MEDICAL	20c, TIME OF INJURY Month, Doy, Year 120d. INJURY OCCURRED 20e. PLAN Hour o.m. While of work of work of work	LEE OF HAJURY (Home, form, 20f. (LERY or town) tory styer, office bldg, etc.)	(County) (Stote)
execute or. Page	refolined for y  L DIRECTOR: Po  its designoted		21. I certify that 1 took charge of the remains described above, he death resulted from: Natural causes, Accident Suic		], and in my apinia
pleose e director	reforne DIREC Its desi		ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER	22. DAJE SJONED
necessory, the funeral	o X		EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	24/88
the	TO FUNE Health		D. BURNAL CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR 210 M 1210.	C.C. Lusby	(County) (Stote)
VR	A15ME (5)	2	4. FUNERAL DIRECTOR ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR	

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# FOR STATE HEALTH DEPT.

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, priar to burial, cremation, ar remaval, and in any event/within 72 haurs after death.

VR A15ME (5) 6M 1/66

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Philat Madical Execution 2017.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Information from birth cert

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1603 16933 16021

MEDICAL LAAMINER	5 CENTRICATE OF DEATH	10301
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution	
MARYLAND MARYLAND	o. STATE b. COUNT	Valuation
b. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town).	c. CITY OR TOWN (If autside corporate limits, write RURA	L ond give nearest town)
write klocket and are nearest rown)	fundy	04,1
d. NAME OF HOSPITAL OF INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		YES NO
3. NAME OF DECEASED Middle	/4. DATE Month	Day Year /
(Type or print)	Metally DEATH /2	24 1958
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 1962 9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
WIDOWED DIVORCED	20,176 1 1 19 4 YIS.	monins boys nous min.
100. USUAL/OCCUPATION (Give Joing of work done during goes of working lite-even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA(E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	ne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO.	Maurice C San	rant
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	in found	ONSET AND DEATH
9/6.0 DUE TO //_	V	
Conditions, if any, which gove nise to immediate cause (a),	inge of	
stating the underlying couse DUE TO		
lost. (c)		
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CONTRIBUTING CAUSE OF GRATH	111	YES NO
206. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED PRIMARY 200 CONTRIBUTING □	ED. (Enter nature of injury in Part I or Part ) of item 1B.)	
	and the second second	(1) 10 10 10 10
20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2097 While of work of work of wark	PLACE/OF INJURY (Home, form, follow, street, affice bldg., etc.)	(Gunty) (State)
21. I certify that took charge af the remains described above,	held an Autopsy 🔲, Inspection 🔲, Inquir	y . and in my apinio
death resulted from: Natural causes [], Actident [] Si	uicide, 🔲, Hamicide 🔲, Undetermined mar	nner 🔲
ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER	22. DAJE SIGNED
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22./DAGE SIGNED
EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	7/2×/60
		(County) (State)
230. BURYAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY C Zion Hil		Cal. Md
24. FUNERAL DIRECTOR ADDRESS	25g REC'D BY REGISTRAR 25b REGI	STRAR'S SIGNATURE
Pinkney E. Sewell Prederick- M		anley Judge

AMPARTMENT OF THE PARTMENT OF

## FOR STATE HEALTH DEPT. delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health ar its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 thours after death.

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FVARA

	10934 MEDICAL	L EXAMINER 2 CEKI	IIFICATE OF DEATH	1,635)	
1.	PLACE OF DEATH O. COUNTY OF LIVE		STATE (Where deceased liver)	ed, if institution: Residence to b. COUNTY	defore admyssian)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 1b c. CIT	Y OR TOWN (If outside gorporate lim	nits, write RURAL and give ne	eorest town)
_	d. NAME OF HOSPITAL OF INSTITUTION (If not in haspital, give str	reet address) d. STF	REET ADDRESS		e. IS RESIDENCE ON A FARM?
_					YES NO
3.	NAME OF DECEASED (Type or print)	Middle S	leword DEATH	2 24	Doy Year
S.	6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED 8. DATE	OF BIRTH 9. AGI	(In years   IF UNDER 1 YE.   hirthday)   Months   Da	
1Do	o. USUA OCCUPATION (Give kind of work dane in Db. KIND OF ring grast of working life eyen if retired) INDUSTE		BIRTHPLACE (State of foreign country	) 12. CITIZEI COUNT	N OF WHAT RY?
13.	FATHER'S NAME LEWIS LEWI	want of	AGTHER'S MAIDEN NAME	une-	
1S (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, all upknown) (If yes give war ar dates af service)	SECURITY NO. 17. JNFORM	une Il	Address	
/	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY:	o), and (c)	halele	2	INTERVAL BETWEEN ONSET AND DEATH
	9/6-0 IMMEDIATE CAUSE (a) DUE TO		1	Ha in	
	Conditions, if any, which gave rise to immediate cause (a),	rue 1	risully	mon	
	stating the underlying couse   (c)		9	1	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	/- /-	MINAL DISEASE CONDITION GIVEN IN	10.16	MAS AUTOPSY PERFORMED?
FIGA	1 auce	a.	ature of injury in Part Var Part VI of	item 18.)	YES NO
CERT	PRIMARY D'A' CONTRIBUTING CAUSE OF DEATH.	re hy		rege	1
MEDICA	2Dc, TIME OF INJURY Manth, Day, Year 200 NJURY While at wark	OCCURRED 2De. PLACE OF IN Not White at wark	NJURY (Hame, farm, 2Df. 1011)	y ar town) (County	(Stote)
	21. I certify that I took charge of the remains	1	Autopsy , Inspection [	Inquiry	ond in my opinion
	deoth resulted from: Notwal couses .	Accident Suicide		ermined monner	/
	ACTUAL SIGNATURE A WWar	M.D.	ASSISTANT MEDICAL EXAMINER	], / ,,	22. DATE SIGNED
	EXAMINER'S NAME (Type)		DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, of co	inty) /2/24	760
230	DC CC	NAME OF CEMETERY OR CREMATO		1	al. Md
24 P	4. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGN	
_	inkney & Sewel Prince	e Tregerick, W.	10. DATE ~ J 1966	fictionles for	10 Plan

-FL-23

funeral and 2 death. and 2 death. hours after after the by the Pages attending physician and completely filled in by rmit. Then please removementon papers. Pag., or removal, and in any event, within 72 hours executed within certificate be permit. PHYSICIAN: The law requires that the death the hospital or attending physician. been signed by the attraction the burial-transit permion to burial, cremation, o prior certificate has as r this certificates a detached for use a should be be de State OR ATTENDING I TO HOSPINAL
Page 4 may be recannot to FUNERAL DIRECTOR. After director, page 3 should by the St.

> VR A15 (4) 15M 4-64

CERTIFICATION

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Calvert Maryland Calvert MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown Huntingtown 10 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO XX YES NAME DE DATE Month First Middle Last 4. Year DECEASED Dec. 18 19 66 (Type or print) DORA BELL WALLACE DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED Female White WIDOWED \* DIVORCED Sept.14, 1884 82 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Housewife Domestic USA Tennesse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edwin Miller Harriett Guinn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) 215-54-8238 Mrs. Louise Kirby Huntingtown, Maryland CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which rise to immediate DUE TO (a). stating underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) (State) (City or town) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1944 19 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1. PM, from the causes and on the date stated above. saw the deceased alive of DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR M.D.

22d. ADDRESS PHYSICIAN'S NAME (Type) Huntingtown, Maryland Weems 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 1966 Miranda Memorial Bemeter Huntingtown. emeter Muntingtown, Calvert Co.Md. 25a. REC'D BY REGISTRAR 25b. REGISTBAR'S, SIGNATURE Burial 24. FUNERAL DIRECTOR fom Owings, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

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1			te limits,	c. LENGTH OF ST		c. CITY OR TOWN (If		te limits, write F	RURAL and gl	ve/nearest town)
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Prince Frederick  74 days					Hun	tingtow	n	14	
1		SPITAL OR INSTITUTION			address)	d. STREET ADDRESS				. IS RESIDENCE
7		County E								ON A FARM?
1	3. NAME OF DECEASED		irst	Middle		Last	4. DATE	Month	Day	Year
	(Type or print)		ert			Wallace	DEATH	12	11	1966
	5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRI		L-2-18	9. AG	t birthday) Mor	nths   Oays	Hours Min.
1	10a. USUAL OCCUPAT	TION (Give kind of work	done   10b. Kit			11. BIRTHPLACE (C	ounty & State, or f	yrs.	12. CITIZEN	OF WHAT
	during most of work	ling life, even If retire	d) IN	DUSTRY		Maryla			UCOUNTRY	7
1	Labore 13. FATHER'S NAM		U.S.	Gov.		14. MOTHER'S MAIL			0.0.	
1							y Monne	++		
-	Joseph 15. WAS DECEASED	Wallace EVER IN U.S. ARMED FO	PCFS?   16 S	DCIAL SECURITY N	ID.   17.	INFORMANT	y Monnie	Address		
1	(Yes, no, or unkown)	(If yes give war or dates o	of service)			Bertha Wa	11000		nator	m, Md.
-	1 19 CAUSE OF	DEATH FESSOR ONLY		4-16-38	1 1	bertha wa	TTace	nunci		
1		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH								
1	102	IMMEDIATE CAUSE (a) Carmona of Olcen								
1	1701	173.0 OUE TO								
	Conditions, If any, which gave rise to immediate (b)									
4	cause (a), s									
	underlying caus		(c)	INC TO DEATH OUR	NOTDELA	TED TO THE TERMINAL (	DISEASE CONDITI	ON CIVEN IN DAD	T 1(a)   19.	WAS AUTOPSY
	ICAT			ING TO DEATH DO	NOT KELA	TED TO THE TERMINAL (	JISEASE CONDITI	ON GIVEN IN PAR	YE	PERFORMED?
	DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATIFY MEDICAL EXAMI	TH NER) 20b. DI	ESCRIBE HOW INJ	URY OCCU	RREO. (Enter nature of	f Injury In Part I	or Part 11 of Ite	em 18.)	
1	ZOC. TIME DE	INJURY Month, Day,	Year   20d. IN	JURY OCCURRED	20e. PLA	E OF INJURY (Home, fa	erm, 20f. (City	or town)	(County)	(State)
1	20c. TIME DF Hour a.i		While at work	Not While	factor	y, street, office bldg., e	tc.)			
					from S	ept. 28,1	66 to I	ec. 11	19 66. th	at (I) (we) last
	saw the de	ceased flive on D	ec. 11	19 66	and that	death occurred at	M. from 1	the causes and	on the date	e stated above.
1	22a. SIGNATU	RE						22	b. DATE SI	
1	1	gotoon	11	1/	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.   :	12-12-	-66
	22c. PHYSICAL NAME (T	AN'S George	J. Wee	ems, M.I	).	Huntin	gtown,	Maryla	nd	
-	23a. BURTAL, CREM		THEREOF _ I	23c. NAME OF (	CEMETERY	OR CREMATORY		ION (City, town		(State)
	REMOVAL (Sp	eclfy) 12- ]	14-66	Chur	chia	Jesus C.S	Ring	and the same of th	00	md.
	24. FUNERAL DIRI	ECTOR	Λ.	ADDRESS	1	25a. RE	C'D BY REGISTRA	R 25b. REGIS	TRAR'S SIGN	
	1. 8.5.	ewelf.	truis	ree In	ed,	Ngi DEC	19 1966	Julian	les Ju	age.

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TO FURTHER DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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death. after haurs State within 72 the with event land 2 any permit. ar removal, burial-transit burial, cremation, O FUNERAL DIRECTOR: Page 3 shauld be I Health ar its designated agent, priar ta may be retained

HEALTH DEPT. 2, and 3 ta PM3. Page delay is

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pencil in Item 18. Give Pages

This certificate should be executed within 24 hours after death.

the certificate, writing the ward "pending" i 4 should be farwarded ta the Chief Medical

please execute the certificate,

Page

the funeral directar.

16937 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Pesidence before admission o. COUNT o. STATE b. COUNTY SIFF OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR/TOWN (If outside comporate limits, write RURAL and give nearest town) write RURAL one give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRÍED 9. AGE (In years IF UNDER 24 HRS Slast birthdoy) Hours WIDOWER DIVORCED KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 1Do. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT **INDUSTRY** COUNTRY? 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMA Ples, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), opt (c).) INTERVAL, BETWEEN CONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART M. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 2Do. EXTERNAL CAUSE WAS OCCURRED. (Enter noture of injury in First 1 or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (State) I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or tounty) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION. DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Calvert Md Coopers C.Cem. Dunkirk E. Sewell Prince APPRESEDERICK, Fd. 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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